



COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS  
BUILDING AND SAFETY DIVISION

Attn: Special Inspector Testing Program  
900 South Fremont Avenue, 3<sup>rd</sup> Floor  
Alhambra, CA 91803

**APPLICATION FOR REGISTRATION AS A SPECIAL INSPECTOR  
FOR \_\_\_\_\_ CONSTRUCTION**

(Reinforced Concrete, Structural Masonry, Welding and High Strength Bolting,  
and Prestressed Concrete)

*The undersigned hereby applies for certification as a **SPECIAL INSPECTOR** of the County of  
Los Angeles Department of Public Works Building and Safety Division.*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, & ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

EDUCATION: HIGH SCHOOL GRADUATE? YES ☐ NO ☐ IF NO, NUMBER OF YEARS COMPLETED \_\_\_\_\_

Show courses which you have completed that are required and others directly related to the certification for  
which you are applying. Attach an additional sheet if necessary to list all courses completed.

DATES ATTENDED		NAME OF SCHOOL OR COLLEGE	LOCATION		FIELD OF STUDY	DEGREE OR CERTIFICATE RECEIVED
FROM	TO		CITY	STATE		

*REFERENCES: (Examination will not be scheduled until all letters are received.)*

Name	Employed By	Title	Mailing Address
1.			
2.			
3.			

(CONTINUED)

Title, Present Job	From		To		
Employer	Percent of time spent				
Duties	Concrete %	Pre-Stress Concrete %	Masonry %	Welding & Bolting %	Other %
Employers Address					
City		State		Zip	

Job Title	From		To		
Employer	Percent of time spent				
Duties	Concrete %	Pre-Stress Concrete %	Masonry %	Welding & Bolting %	Other %
Employers Address					
City		State		Zip	

Job Title	From		To		
Employer	Percent of time spent				
Duties	Concrete %	Pre-Stress Concrete %	Masonry %	Welding & Bolting %	Other %
Employers Address					
City		State		Zip	

Job Title	From		To		
Employer	Percent of time spent				
Duties	Concrete %	Pre-Stress Concrete %	Masonry %	Welding & Bolting %	Other %
Employers Address					
City		State		Zip	

I hereby certify that all the information I have given herein is true to the best of my knowledge. I understand that any false statement that may be brought to light as a result of an application verification will subject me to disqualification.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**APPLICATIONS THAT ARE NOT PROPERLY FILLED OUT OR ARE INCOMPLETE WILL BE RETURNED TO THE APPLICANT ALONG WITH THE APPLICATION FEE.**